#### **CITY OF MARTINEZ**



525 Henrietta Street, Martinez, CA 94553 | (925) 372 – 3500 www.CityofMartinez.org

# -COVER PAGE -CANDIDATE PACKET

General Election - November 5, 2024

FULL NAME

SEAT

GREG YOUNG

COUNCILMEMBER, DISTRICT 2

CONSUMER PROTECTION COMMISSIONER

CONTACT INFORMATION

• Address 1155 C Arnold Drive, Suite 129, Martinez, CA 94553

• Email Greg4Martinez@gmail.com

#### FILING RECORD

Documents Issued: 7/30/2024
Documents Submitted: 8/8/2024
Date Qualified: 8/8/2024

Prepared By: Kat Galileo, Elections Official

City of Martinez (925) 372-3512

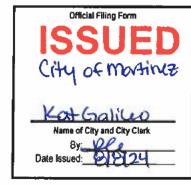


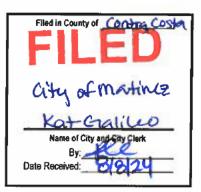
### California Secretary of State DECLARATION OF CANDIDACY

#### Nonpartisan Offices - For Use in Local Elections

November 5, 2024, General Election (Elections Code §§ 200, 10510, 10511, 10513, 10602)

For Elections Officials USE ONLY







Name, and Office		My name is GREGOTZY		YOUNG
		First	Middle/Initial (optional)	Last
Ballot Information Name and ballot designation to appear on the ballot	2	I request my name and ballot designation to a  GREE  Print Your  SENIOR DEPUTY	al. If one is requested, a completed BALLOT DESIGNA d initial in the box. (Elections Code §§ 13107, 13107.3) appear on the ballot as follows:  "Name for Use on the Ballot  COMMISSIONET lot Designation Requested	Candidate initials box if NO ballot designation is preferred.
		I have a character-based name I would like to u	ise instead of a phonetic transliteration. (You must complete	Character-Based Name Form.)

Addresses, Telephone, Website and Email

3

Qualifications	4	I meet the statutory and constitutional qualifications for this office (including, but not limited to, citizenship and residency). I am at present an incumbent of the following public office (if any):  I have not been convicted of a felony involving accepting or giving, or offering to give, any bribe, the embezzlement of public money, extortion or theft of public money, perjury, or conspiracy to commit any of those crimes.  If nominated/elected, I will accept the nomination/election and not withdraw.  Signature of Candidate
Oath of Office	5	I
Notary Public or Other Officer	7	A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.  State of California County of
		Examined and certified by me this
		ON ENDATOR OFFICE OF THE PROPERTY OF THE PROPE

**WARNING:** Every person acting on behalf of a candidate is guilty of a misdemeanor who deliberately fails to file at the proper time and in the proper place any declaration of candidacy in his or her possession that is entitled to be filed under the provisions of the Elections Code. (Elections Code § 18202.)

This entire form must be completed, or it will not be accepted, and you will not be entitled to a ballot designation. DO NOT LEAVE ANY RESPONSE SPACES BLANK. If information requested is not applicable, please write "N/A" in the space provided, otherwise the information MUST be provided. UPON FILING, THIS WORKSHEET WILL BE A PUBLIC DOCUMENT.

Candidate Information	1	Candidate Name: GREGORY YOUNG  Office: MARTINEZ CRY COUNCIL Email:
Attorney or Other Authorized Person Information	2	Attorney Name (or other person authorized to act on your behalf):  Address:  Phone Number(s)  Business:  NA  Mobile:  NA  Fax:  NA

#### You may select as your ballot designation one of the following designations:

- (a) Your current principal profession(s), vocation(s), or occupation(s) [maximum total of three words, separated by a slash ("/")].
- (b) The full title of the public office you currently occupy and to which you were elected.
- (c) "Appointed [full title of public office]" if you currently serve by appointment in an elective public office and are seeking election to the same office or to some other office.
- (d) "Incumbent" if you were elected (or, if you are a Superior Court Judge, you are a candidate for the same office that you hold) to your current public office and seek election to the same office.
- (e) "Appointed Incumbent" if you were appointed to your current elective public office and seek election to the same office.

Proposed Ballot Designation(s)

Proposed Ballot Designation(s):	SENIOR DEPUTY	COMMISSIONE	MISSIONETZ
-	FINANCIAL PRO	FETTEN AND +	MOVATION (EL)
Alternate Ballot Designation(s) 1:	CONSUMET PRO	TECTION COM	MISSIDNETZ
	FINANCIAL IN		

#### If your proposed ballot designation is pursuant to Elections Code § 13107(a)(3):

The professions, vocations or occupations relied upon to support my proposed ballot designation(s) constitute my primary, main or leading professions, vocations or occupations. Initial 69

Translation of Proposed Designation: Gender specific translations will default to the masculine form for uniformity in translation unless you specify otherwise: (X) Masculine ( ) Feminine

#### In the spaces provided on the next page(s):

3

- (a) Describe why you believe you are entitled to use the proposed ballot designation.
- (b) If your proposed ballot designation contains one or more slashes ("/") separating words in your ballot designation for separate principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs"), complete a justification section for each separate PVO.
- (c) Attach any documents or exhibits that you believe support your proposed ballot designation. (Note: It is not necessary to provide copies of Certificates of Election if you are currently a seated member for a voter-nominated office).
- (d) If using the title of an elective office, attach a copy of your certificate of election or appointment.
- (e) Any supporting documents will not be returned to you. Do not submit originals.

It is your responsibility to justify your proposed ballot designation and to provide all requested details.

November 5, 2024, General Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

If your proposed ballot designation includes the word "volunteer," indicate the title of your volunteer position and the name of the entity for which you volunteer along with a brief description of the type of volunteer work you do and the approximate amount of time involved. You may only use the ballot designation "community volunteer" if you volunteer for a 501(c)(3) charitable, educational, or religious organization, a governmental agency or an educational institution. You may not use "community volunteer" together with another designation.

If your proposed ballot designation contains one or more slashes ("/") separating multiple principal profession(s), vocation(s), or occupation(s) (collectively known as "PVOs") complete a justification section for each separate PVO.

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			١						
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least the state of	. 4								
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designations please provi				Employer Name or Business	s:				
justification f	for			Person who can verify this	s information:				
use of those Page 3.	on			Name:	Phone Number(s):	Email:			
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D. Commission	-1 1	.1			estions. Does your proposed ballot design	ation:			
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1) Us 2) No	se only	a po	ontion one	n of the title of your current ele	cumbent" for an elective office to which you we	ere appointed?	Yes No Initial 64		
3) Us	se more	e tha	n th	ree total words for your princip	pal professions, vocations, or occupations?		☐ Yes ☒ No Initial 🥌		
A) Si	uggest	an e	valu	ation of you, such as outstand	ding, leading, expert, virtuous, or eminent?	Carao	Yes No Initial 64		
					cholar), rather than a profession, vocation, or	occupations?	☐ Yes ☒ No Initial ⓒ ✓ ☐ Yes ☒ No Initial ⓒ ✓		
	bbrevia	te in	ew od •n	ord "retired?	fies? Example: Accountant, retired		Yes No Initial		
8) 11	lse a wo	ord o	r nre	efix (except "retired") such as	"former" or "ex-" to refer to a former profession	n, vocation, or occupation?	Yes No Initial		
9) U	lse the v	word	ret"	ired" along with a current prof	fession, vocation, or occupation? Example: Re	etired Firefighter/Teacher	Yes No Initial		
10) U	lse the r	namo	e of	a political party or political boo	dy?		☐ Yes 🛛 No Initial		
	lefer to	a rad	cial,	religious, or ethnic group?			Yes No Initial		
12) R	teter to	any	activ	rity prohibited by law?		let decimation is likely to be			
179.00			1	if the answer to any of th	nese questions is "yes," your proposed bal	not occiditation is likely to be	- Name of the state of the stat		
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	Cardidate's Stonature Date Signed: Month/Day/Year				State Section 1997 Annual Control of the Control of				

November 5, 2024, General Election (Elections Code §§ 13107, 13107.3, 13107.5; California Code of Regulations § 20711)

COMPLETE THIS PAGE ONLY IF one or more Alternate Ballot Designation(s) are provided. If this page is not applicable, please initial:

		Justification for use of 1st PVO:	Radi Scale		
		Consumor protection SEN Current or most recent job title: COMM	commissioner		
	200 P				23 End Date: PILES ENT
		Employer Name or Business: DEP per	thent of Finan	CIAL PROTECTION	IN ! INNOVATION
		NA		<u></u>	2
Justification for Alternate Ballot	A	Current or most recent job title:		Start Date:	End Date:
Designation(s) 1		Employer Name or Business:	2 2 2 100	- 1401 Dr - 201	
		Person who can verify this information	:		
		Name:	Phone Number(s):	Email:	
		Justification for use of 3rd PVO:		Sar Production	
		NIA			
		Current or most recent job title:		Start Date:	End Date:
		Employer Name or Business:			
		Person who can verify this information			0 -
		Name:	Phone Number(s):	Email:	
		Justification for use of 1st PVO:			
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esignation(s) 2		Employer Name or Business:			
		Person who can verify this information:			1
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		Justification for use of 3rd PVO:			
	R	NIA			
		Current or most recent job title:		Start Date:	End Date:
		Employer Name or Business:			
	0.8	Person who can verify this information:			
		Name:	Phone Number(s):	Email:	

### **Candidate Statement of Qualifications** For the General Election to be held November 5, 2024 (Elections Code §§ 13307, 13309, and 13311)

Instructions to Candidate: Your statement will be printed exactly as submitted. Carefully check for content, spelling, punctuation, and grammar before submission. No changes are allowed once the statement is filed.  This form must be filed along with the candidate statement.  In addition to filing a hardcopy, you will need to submit your final candidate statement in an editable text format to the following email address:  Hard copy requires candidate signature.			
Office Name: Council member, O'strict Contest ID: Candidate ID:  Word Limit: 250 · Cost: \$ 271 · Paid By: Candidate District			
Candidate Name: Greg Young			
I have reviewed the attached statement and I understand that no corrections or changes are allowed after it has been filed (pursuant to EC 13307). I understand that Contra Costa County is mandated under the Voting Rights Act to provide voting materials and information in English, Spanish, and Chinese.			
I do not wish to file a Candidate Statement.			
Signature of Candidate:			

#### **GREG YOUNG**

Senior Deputy Commissioner

Styfor

I was raised by hard working parents who stressed that education and economic opportunity were the key ingredients to building rich and vibrant communities. Those values reflect the essence of Martinez, the place that provided me with a safe hometown and allowed my wife and me to raise our three children.

I have a deep love for our community, having served on the Martinez Planning Commission, Library Commission, Boys and Girls Club and Juvenile Hall Auxiliary Board. Martinez is a great city in which to live, work and raise a family, but we can and must make it an even better place to live.

I bring 30 years of financial innovation, community investment, and consumer protection experience. I currently manage program budgets in excess of 95 million dollars at the Department of Financial Protection and Innovation. I earned a BA in Mass Communications from University of California Berkeley, a Master of Business Administration from St. Mary's College, and a Masters in Counseling Psychology from the University of San Francisco.

I am running for City Council to preserve Martinez's unique history, while also making important decisions for generations to come. My focus will be on sound budgeting, fully funding law enforcement, increasing neighborhood safety by addressing homelessness and crime, supporting economic development and our small businesses, expanding housing opportunity, and developing our Waterfront Marina responsibly without burdening taxpayers. I appreciate your time and would be honored to have your vote.

There are basic principles of decency, honesty, and fair play which every candidate for public office in the State of California has a moral obligation to observe and uphold in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional right to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

#### THEREFORE:

- (1) I SHALL CONDUCT my campaign openly and publicly, discussing the issues as I see them, presenting my record and policies with sincerity and frankness, and criticizing without fear or favor the record and policies of my opponents or political parties that merit this criticism.
- (2) I SHALL NOT USE OR PERMIT the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or his or her personal or family life.
- (3) I SHALL NOT USE OR PERMIT any appeal to negative prejudice based on a candidate's actual or perceived race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age, sexual orientation, sex, including gender identity, or any other characteristic set forth in Section 12940 of the Government Code, or association with another person who has any of the actual or perceived characteristics set forth in Section 12940 of the Government Code.
- (4) I SHALL NOT USE OR PERMIT any dishonest or unethical practice that tends to corrupt or undermine our American system of free elections, or that hampers or prevents the full and free expression of the will of the voters including acts intended to hinder or prevent any eligible person from registering to vote, enrolling to vote, or voting.
- (5) I SHALL NOT coerce election help or campaign contributions for myself or for any other candidate from my employees.
- (6) I SHALL IMMEDIATELY AND PUBLICLY REPUDIATE support deriving from any individual or group that resorts, on behalf of my candidacy or in opposition to that of my opponent, to the methods and tactics that I condemn. I shall accept responsibility to take firm action against any subordinate who violates any provision of this code or the laws governing elections.
- (7) I SHALL DEFEND AND UPHOLD the right of every qualified American voter to full and equal participation in the electoral process.

I, the undersigned, candidate for election to public office in the State of California or treasurer or chairperson of a committee making any independent expenditures, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct my campaign in accordance with the above principles and practices.

Frint Name

Signature

TULY 30, 2024

Date

Office

Candidate Intention Statement	Date Stamp	CALIFORNIA
distribution outcoment	RECEIVED	CALIFORNIA 501
Check One: Minitial Amendment	· · · · · · · · · · · · · · · · · · ·	For Official Use Only
(Explain)	AUG 08 2024	
	CITY OF MARTINEZ	
1. Candidate Information:	THE STATE OF THE	
NAME OF CANDIDATE (Last, First Middle Initial)  DAYTIME TELEPHONE NUMBER  FAX NUM	BER (optional) EMAIL (op	otional)
YOUNG GREGORY		
STREET ADDRESS CITY	STATE ZIP CODE	
OFFICE SOUGHT (POSITION TITLE) AGENCY NAME		
^ ::	NUMBER, if applicable. NON-	PARTISAN OFFICE
OFFICE JURISDICTION 2		REFERENCE:
State (Complete Part 2.)		Check one box, if applicable.)  PRIMARY / GENERAL
City County Attilit-County	2024	
(Name of Multi-County Jurisdiction)	(Year of Election)	SPECIAL / RUNOFF
(CalPERS and CalSTRS candidates, judges, judicial candidates, and candidates for local offices do not complete Part 2.)  (Check one box)  I accept the voluntary expenditure ceiling for the election stated above.		
Amendment:		
O I did not exceed the expenditure ceiling in the primary or special election held on ing for the general or special run-off election.	and I accept the	voluntary expenditure ceil-
(Mark if applicable)		
On I contributed personal funds in excess of the expenditure ceiling for the ele	ction stated above.	
3. Verification:		
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and  Executed on	d correct.	

## CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filing Received
Filing Official Use Only

AUG 0 8 2024

A PUBLIC DOCUMENT

Please type or print in ink.

CITY OF MARTINEZ CITY CLERK'S OFFICE

NAME OF FILER (LAST)	(FIRST)	(MIDOLE)
YOUNG	GREGORY	
1. Office, Agency, or Court	- WW	
Agency Name (Do not use acronym	is)	
City of m	artinez	Councilmember, District 2
Division, Board, Department, District,	if applicable	Your Position
District 2		
▶ If filing for multiple positions, list t	below or on an attachment. (Do not u	ise acronyms)
Agency:		Position:
2. Jurisdiction of Office (Chec	ck at least one box)	
State		<ul> <li>Judge, Retired Judge, Pro Tem Judge, or Court Commissioner (Statewide Jurisdiction)</li> </ul>
Multi-County		County of
Xcity of martines	7	Other
3. Type of Statement (Check a	t least one box)	
Annual: The period covered is December 31, 2023.	January 1, 2023, through	Leaving Office: Date Left/
The period covered is December 31, 2023.	/, through	The period covered is January 1, 2023, through the date of leaving office.
Assuming Office: Date assume	ed	The period covered is/, through the date of leaving office.
Candidate: Date of Election	and office sough	it, if different than Part 1:
4. Schedule Summary (requi	red) ► Total number	r of pages including this cover page:
Scriedules attached		
Schedule A-1 - Investments -		Schedule C - Income, Loans, & Business Positions - schedule attached  Schedule D - Income - Gifts - schedule attached
Schedule A-2 - Investments - Schedule B - Real Property -		Schedule E - Income - Gifts - Travel Payments - schedule attached
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-or- 💢 None - No reportable i	nterests on any schedule	
5. Verification		
		-
		-
i nave used all reasonable diligence in herein and in any attached schedules	preparing this statement. I have revie is true and complete. I acknowledge	ewed this statement and to the best of my knowledge the information contained this is a public document.
I certify under penalty of perjury ur	der the laws of the State of Californ	nia that the foregoing is true and correct.
Date Signed 8-7-24		Signature A
furniti, nak,	(Vac)	(File the angunal younged angunal with your filing official.)